

Registration for the 2006 Mental Health Residential Treatment Cost Report Training

Please respond by Friday, October 14, 2005. See Instructions on page 2 for sending your response. All sessions are held at the Division of Medical Assistance located in the Kirby Building at 1985 Umstead Drive, Raleigh NC 27699-2501.

TAX ID#	MEDICAID PROVIDER #
AGENCY NAME:	

SESSION I **DATE: MONDAY, NOVEMBER 7, 2005** **TIME: 9:00AM to 12:00PM**

PARTICIPANT'S NAME:
Telephone #
Email Address
Fax Number

SESSION II **DATE: TUESDAY, NOVEMBER 8, 2005** **TIME: 1:00PM to 4:00PM**

PARTICIPANT'S NAME:
Telephone #
Email Address
Fax Number

SESSION III **DATE: THURSDAY, NOVEMBER 10, 2005** **TIME: 9:00AM to 12:00PM**

PARTICIPANT'S NAME:
Telephone #
Email Address
Fax Number

If your agency does not have internet capability to download the cost report from the DMA website, please let us know whether you require a paper copy or a diskette with the *Excel* version of the cost report.

EXCEL ☐ (One per agency) PAPER COPY ☐

Registration for the 2006 Mental Health Residential Treatment Cost Report Training

All registrations forms received will be confirmed. Seating is limited, so registration is limited to no more than two persons from any one agency or facility. Those attending should be the person/s responsible for completing the Child Mental Health Residential Treatment Cost Report. **Do not assume that you have seating for a session unless you have received confirmation from DMA.**

Please mail completed registration forms to:

N.C. Division of Medical Assistance
Attention: Deidra Oates
Financial Operations
2501 Mail Service Center
Raleigh, NC 27699-2501

Or

Fax to:
N.C. Division of Medical Assistance
Attention: Deidra Oates
Fax # **(919) - 715-2209**

A [map](#) is enclosed. Turn on Hunt Drive from Western Boulevard then turn right on Umstead Drive. Parking for the Kirby Building is on your right.